CLAIMS ONLY

Application Number: 09/485533

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
~~1~~							~~51~~					
2							52					
3							53					
4							54					
5							~~55~~					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							~~64~~					
15							~~65~~					
16							66					
17							67					
18							~~68~~					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39	1						89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
~~48~~							98					
~~49~~							99					
~~50~~							100					
Total Indep							Total Indep	8				
Total Depend							Total Depend	22				
Total Claims							Total Claims	30				